

**APPLICATION DOCUMENTS REQUIRED FOR
OUTPATIENT FACILITIES**

RETURNED TO HCQC	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	R179-09A sec. 9
	FEE OF \$ 3,570.00	R179-09A sec. 9
	BUSINESS LICENSE ZONING APPROVAL	R179-09A sec. 9
	LEASE AGREEMENT (if applicable)	R179-09A sec. 9
	PARTNERSHIP AGREEMENT (if applicable)	R179-09A sec. 9
	ARTICLES OF INCORPORATION (for corporations only)	R179-09A sec. 9
	ARTICLES OF ORGANIZATION (for LLC's only)	R179-09A sec. 9
	GOVERNING BODY BYLAWS (for corporations only)	R179-09A sec. 9
	OPERATING AGREEMENT (for LLC's only)	R179-09A sec. 9
	3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	R179-09A sec. 9
	CERTIFICATE OF OCCUPANCY FROM STATE FIRE MARSHAL	R179-09A sec. 10
	MEDICAL LABS ATTESTATION	NRS 652.080
	FLOOR PLAN WITH DIMENSIONS	R179-09A sec. 9
	BILL OF SALE (for CHOW only)	R179-09A sec. 9